

JUVENILE COURT OF MEMPHIS AND SHELBY COUNTY, TENNESSEE  
616 ADAMS AVENUE  
MEMPHIS, TENNESSEE 38105



Child's Name: [REDACTED]  
(Last) (First) (Middle)

File No. [REDACTED]

**DETENTION FEE BILL OF COST** [REDACTED]

ADMIT DATE: 8/26/2014 10:24:00 PM

RELEASE DATE: 10/10/2014 9:38:17 AM

Detention Fee \$150.00 per day at 45 days = \$6,750.00

**TOTAL \$6,750.00**

**FULL PAYMENT IS DUE IN 30 DAYS. PARTIAL  
PAYMENTS MAY BE MADE DURING THIS TIME.  
FAILURE TO PAY YOUR BILL WITHIN THE  
SPECIFIED TIME WILL RESULT IN GARNISHMENT  
OF YOUR WAGES OR OTHER COURT ACTION.**

I certify that the foregoing statement of costs is correct.

JOY TOULIATOS  
Clerk of Court

**PLEASE MAIL MONEY ORDER OR CERTIFIED  
CHECK ALONG WITH THIS BILL OF COST TO:**

**JUVENILE COURT/COST  
616 ADAMS AVENUE  
MEMPHIS, TN 38105**

By [Signature] D.C.

**Parent/Guardian Information**

NAME [REDACTED]

SSN [REDACTED]

ADDRESS [REDACTED]

CITY & STATE [REDACTED]

ZIP CODE: [REDACTED]

TELEPHONE: [REDACTED]

EMPLOYER: [REDACTED]

EMPLOYER ADDRESS:

CITY & STATE [REDACTED]

ZIP CODE:

TELEPHONE:

Parent/Guardian Copy

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